



# BEYOND THE BASICS OF PEDIATRIC OBESITY

RESOURCES FROM THE NATIONAL LIBRARY OF MEDICINE

ERIN SEGER, MPH, CHES

NATIONAL NETWORK OF LIBRARIES OF MEDICINE

NOVEMBER 16, 2017

# WHAT IS NLM?

- World's largest biomedical library
- Founded in 1836
- Mission: enabling biomedical research, supporting health care and public health, and promoting healthy behavior

# WHAT IS NNLM?

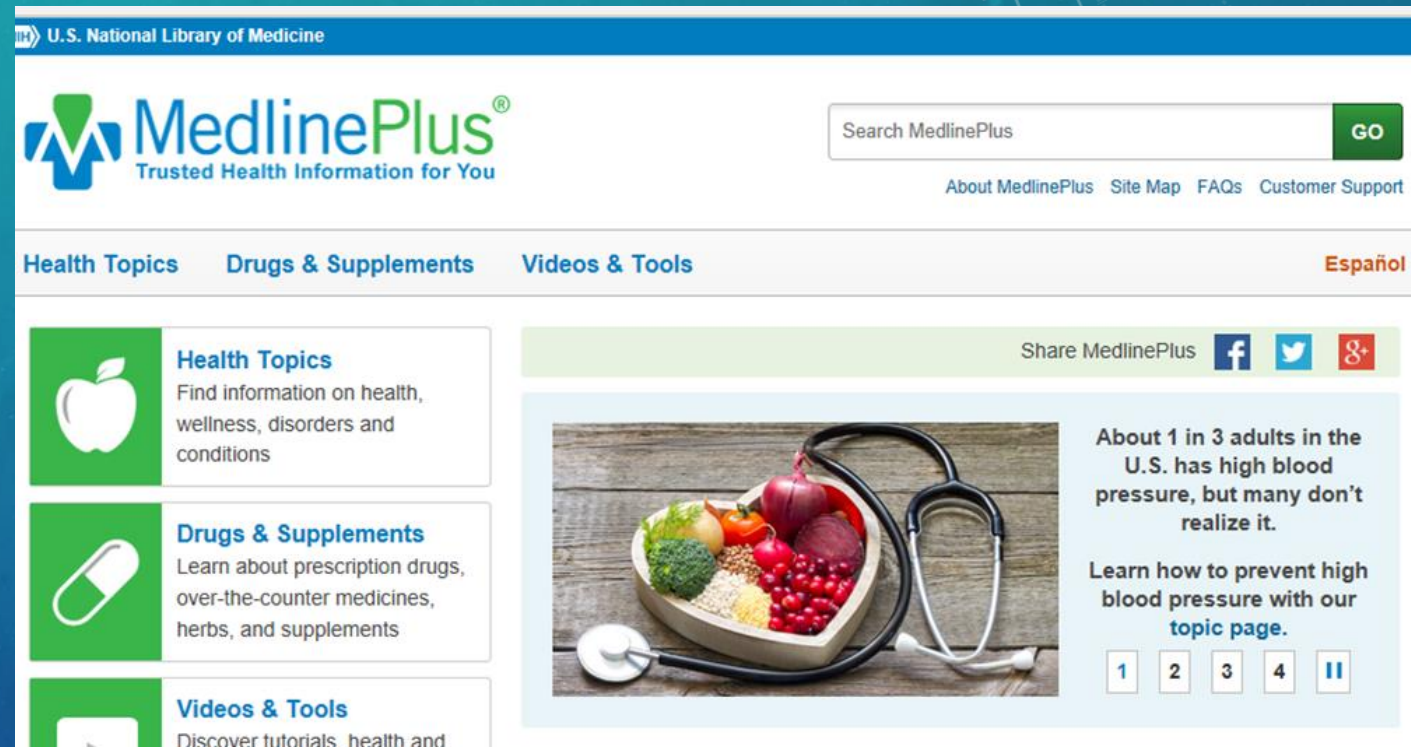
- NNLM is coordinated by the National Library of Medicine and has a mission to:
  - Provide health professionals with equal access to biomedical information
  - Improve the public's access to information to make informed health decisions
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# MEDLINEPLUS

- NLM main portal for consumer health information
- Offers information on over 1,000 health topics, medications and supplements
- Available in English and Spanish

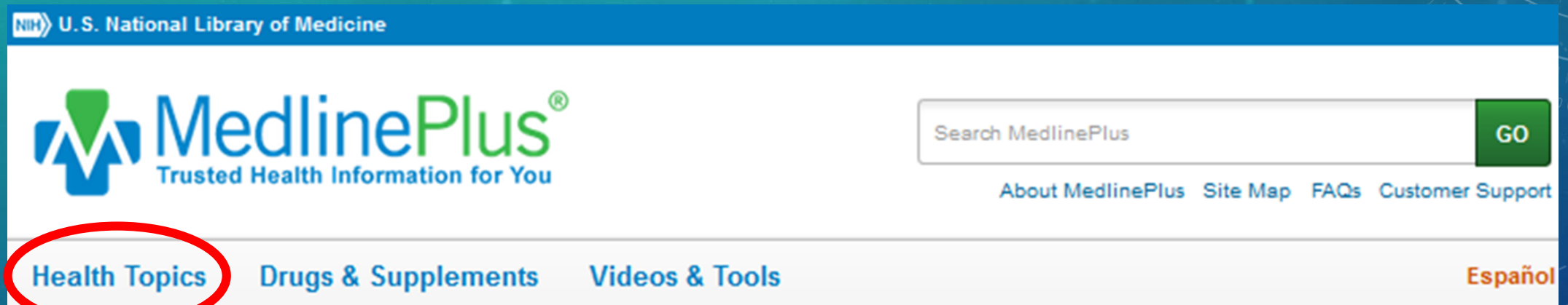


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- Easy-to-read materials
- Multiple languages
- Medical dictionary & encyclopedia
- Health news

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# PEDIATRIC OBESITY: MEDLINEPLUS





# PEDIATRIC OBESITY: MEDLINEPLUS

## Obesity in Children



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### Summary

**Obesity** means having too much body fat. It is different from being overweight, which means weighing too much. Both terms mean that a person's weight is greater than what's considered healthy for his or her height. Children grow at different rates, so it isn't always easy to know when a child has obesity or is overweight. Ask your health care provider to check whether your child's weight and height are in a healthy range.

If a weight-loss program is necessary, involve the whole family in healthy habits so your child doesn't feel singled out. Encourage healthy eating by

- Serving more fruits and vegetables
- Buying fewer soft drinks and high-fat, high-calorie snack foods
- Making sure your child eats breakfast every day
- Eating fast food less often
- Not using food as a reward

Physical activity is also very important. Kids need about 60 minutes each day. It does not have to happen all at once. Several short periods of activity during the day are just as good.

*NIH: National Institute of Diabetes and Digestive and Kidney Diseases*

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### MEDICAL ENCYCLOPEDIA

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# PEDIATRIC OBESITY: MEDLINEPLUS

## CHANGING YOUR CHILD'S LIFESTYLE

Eating a balanced diet means your child consumes the right types and amounts of foods and drinks to keep their body healthy.

- Know the right portion sizes for your child's age so your child gets enough nutrition without overeating.
- [Shop for healthy foods](#) and make them available to your child.
- Choose a variety of healthy foods from each of the food groups. Eat foods from each group at every meal.
- Learn more about [eating healthy and eating out](#).
- [Choosing healthy snacks and drinks](#) for your children is important.
- Fruits and vegetables are good choices for healthy snacks. They are full of vitamins and low in calories and fat. Some crackers and cheeses also make good snacks.
- Limit junk-food snacks like chips, candy, cake, cookies, and ice cream. The best way to keep kids from eating junk food or other unhealthy snacks is to not have these foods in your house.
- Avoid sodas, sport drinks, and flavored waters, especially ones made with sugar or corn syrup. These drinks are high in calories and can lead to weight gain. If needed, choose beverages with artificial (man-made) sweeteners.

Make sure children have a chance to engage in [healthy physical activity](#) every day.

- Experts recommend children get 60 minutes of moderate activity every day. Moderate activity means you breathe more deeply than when at rest and your heart beats faster than normal.
- If your child is not athletic, find ways to motivate your child to be more active.
- Encourage children to play, run, bike, and play sports during their free time.
- Children should not watch more than 2 hours of television a day.

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# PEDIATRIC OBESITY: MEDLINEPLUS

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## Child Nutrition

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## Summary

A healthy diet helps children grow and learn. It also helps prevent **obesity** and weight-related diseases, such as diabetes. To give your child a nutritious diet

- Make half of what is on your child's plate fruits and vegetables
- Choose healthy sources of protein, such as lean meat, nuts, and eggs
- Serve whole-grain breads and cereals because they are high in fiber. Reduce refined grains.
- Broil, grill, or steam foods instead of frying them
- Limit fast food and junk food
- Offer water or milk instead of sugary fruit drinks and sodas

Learn about your children's nutrient requirements. Some of them, such as the requirements for iron and calcium, change as your child ages.

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# PEDIATRIC OBESITY: MEDLINEPLUS

**10  
tips**  
Nutrition  
Education Series



**MyPlate**  
**MyWins**

Based on the  
**Dietary  
Guidelines  
for Americans**

## Cut back on your kid's sweet treats

**Set your kids on a path for lifelong healthy eating by limiting the amount of added sugars they eat.** Sweet treats and sugary drinks have lots of calories but few nutrients. Most added sugars come from sodas; sports, energy, and fruit drinks; cakes; cookies; ice cream; candy; and other desserts.

### **1** Serve small portions

Show kids that a small amount of treats can go a long way. Use smaller bowls and plates for these foods and serve them in bite-size portions.

### **2** Sip smarter

Soda and other sugar-sweetened drinks contain a lot of sugar and are high in calories. Offer water when kids are thirsty.



### **3** Use the checkout lane that does not display candy

Most grocery stores will have a candy-free checkout lane to help avoid temptation. Waiting in a regular checkout lane tempts children to ask for candy that is right in front of them.

### **6** Make food fun

Sugary foods that are marketed to kids are advertised as “fun foods.” Make nutritious foods fun by preparing them with your child’s help and being creative together. Create a smiley face with sliced bananas and raisins. Cut fruit into fun and easy shapes with cookie cutters.

### **7** Encourage kids to invent new snacks

Make your own snack mixes from dry whole-grain cereal, dried fruit, and unsalted nuts or seeds. Let school-age kids choose the ingredients to create their own snack.



### **8** Play detective in the grocery aisle

Show kids how to find the amount of total sugars on the Nutrition Facts label in various cereals.

# CLINICALTRIALS.GOV

- World's largest registry of clinical studies
- Offers a reliable and generally comprehensive list of ongoing trials
- Centralized place to search by condition, location, and other trial characteristics

The screenshot shows the ClinicalTrials.gov homepage. At the top, there is a navigation bar with the NIH logo and the text "U.S. National Library of Medicine". The main header "ClinicalTrials.gov" is prominently displayed. To the right of the header are several menu items: "Find Studies", "About Studies", "Submit Studies", "Resources", and "About Site", each with a dropdown arrow. A "Saved Studies (0)" button is also present. Below the header, a dark blue banner contains the text: "ClinicalTrials.gov is a database of privately and publicly funded clinical studies conducted around the world." The main content area is divided into two columns. The left column features a section titled "Explore 257,334 research studies in all 50 states and in 201 countries." followed by a brief description of the site as a resource provided by the U.S. National Library of Medicine. It includes an "IMPORTANT" note about the evaluation of studies and a link to the "disclaimer". At the bottom of this column is a paragraph advising users to talk to their health care provider before participating in a study, with links to "risks and potential benefits". The right column contains a search interface. It starts with a "Search" label and a note "(all fields optional)". Below this are three input fields: "Condition / Disease:" with the example "e.g. breast cancer", "Other Terms:" with the example "e.g., NCT number, drug name, investigator name", and "Country:" with a dropdown arrow. Each field has a small "X" button to clear the input. Below the input fields are two buttons: "Find a study to participate in" and "Search all studies". At the bottom of the search section is a link for "Advanced Search". The footer of the page includes links for "Help", "Studies by Topic", "Studies on Map", and "Glossary".

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**ClinicalTrials.gov**

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**Search** (all fields optional)

**Condition / Disease:** e.g. breast cancer X

**Other Terms:** e.g., NCT number, drug name, investigator name X

**Country:** X

**Find a study to participate in** **Search all studies**

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- Access information about specific trial
  - Find trials for potential participants
  - Track progress and protocol changes
  - See results (if available)
- Assess available evidence relevant to a specific clinical topic
- Assess nature of current and past research
- Review methodologies used in clinical trials

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**Search** (all fields optional)

Condition / Disease:

Obesity, Childhood

X

Other Terms:

e.g., NCT number, drug name, investigator name

X

Country:

United States

▼

X

**Find a study to participate in**

**Search all studies**

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10 studies per page

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 ☐ Active, not recruiting
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 ☐ Terminated
 ☐ Completed
 ☐ Withdrawn
 ☐ Unknown status<sup>†</sup>

Expanded Access:

Eligibility Criteria

Age:

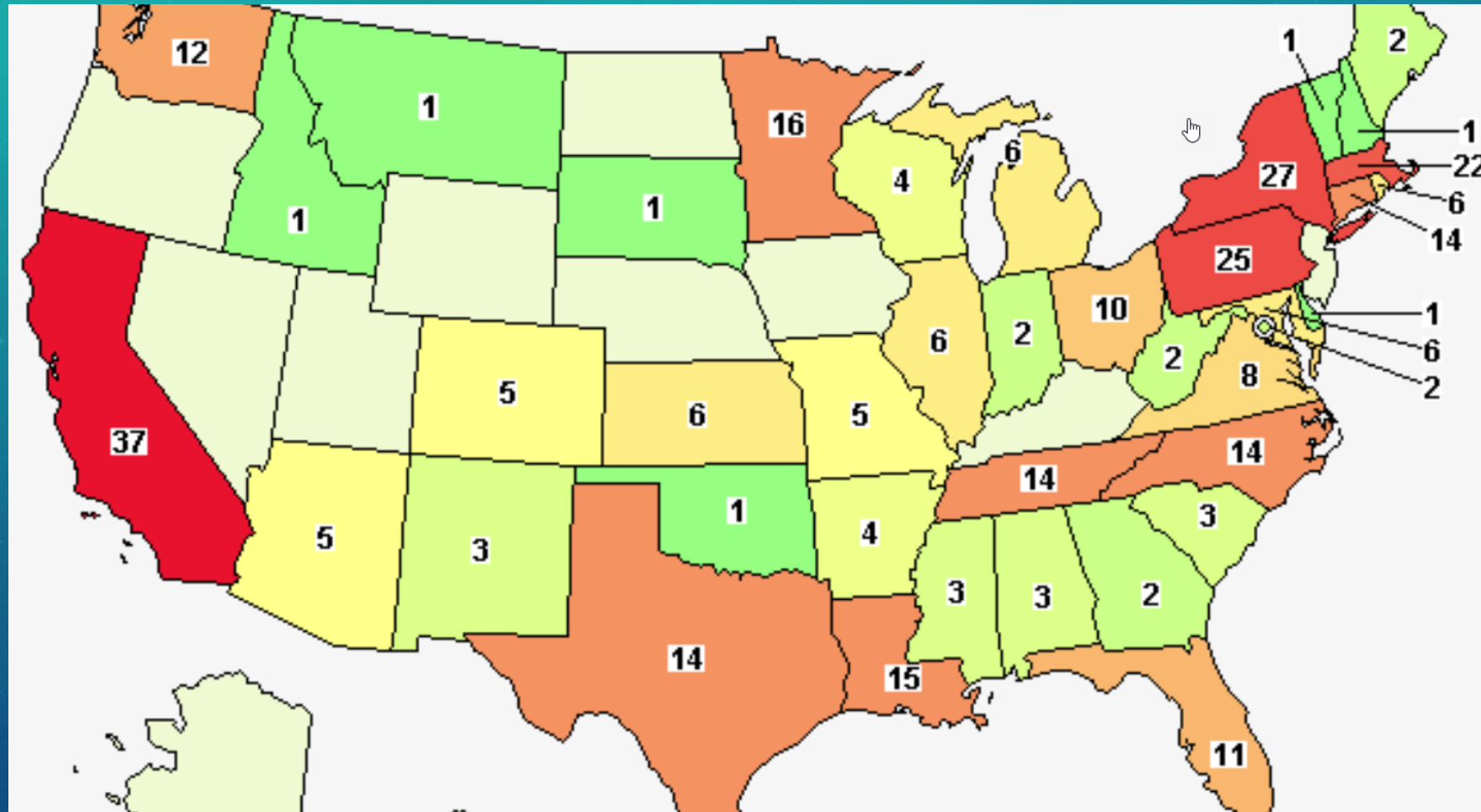
years
 OR
  years

Group:

☐ Child (birth–17)
 ☐ Adult (18–65)
 ☐ Senior (66+)

Row	Saved	Status	Study Title	Conditions	Interventions	Locations
1	<input type="checkbox"/>	Recruiting	<a href="#">A Trial of Two Family-based Childhood Obesity Treatment Programs</a>	• Obesity, Childhood	• Behavioral: iChoose • Behavioral: Family Connections	• University of Virginia Charlottesville, Virginia United States
2	<input type="checkbox"/>	Completed	<a href="#">Peer Counseling in Family-Based Treatment for Childhood Obesity</a>	• Childhood Obesity	• Behavioral: Family-based behavioral intervention	• Seattle Children's Seattle, Washington United States
3	<input type="checkbox"/>	Unknown <sup>†</sup>	<a href="#">Community-based Program to Treat Childhood Obesity</a>	• Childhood Obesity	• Behavioral: JOIN Intervention	• YMCA of Greater Providence Providence, Rhode Island United States
4	<input type="checkbox"/>	Completed	<a href="#">Integrated Care for Pediatric Obesity Using Telehealth</a>	• Pediatric Obesity	• Behavioral: Telehealth	• Wareham Pediatrics Wareham, Massachusetts United States
5	<input type="checkbox"/>	Completed	<a href="#">Wellness Action Plan Trial Addressing Childhood Obesity</a>	• Childhood Obesity	• Behavioral: Wellness Action Plan	• Downtown Health Center Milwaukee, Wisconsin United States
6	<input type="checkbox"/>	Completed	<a href="#">Childhood Obesity Treatment Targeting Specific Behaviors</a>	• Childhood Obesity	• Behavioral: Diet and Activity	• The Weight Control and Diabetes Research Center Providence, Rhode Island United States
7	<input type="checkbox"/>	Completed	<a href="#">Healthy Lifestyles Program for You (HLP4U): Augmenting Childhood Obesity Treatment</a>	• Pediatric Obesity	• Behavioral: Lifestyle counseling • Behavioral: Text Messaging	• Duke Children's Health Center Durham, North Carolina United States

# PEDIATRIC OBESITY: CLINICALTRIALS.GOV



# PEDIATRIC OBESITY: CLINICALTRIALS.GOV

**25 Studies found for:**

**Obesity, Childhood | United States, Pennsylvania**

Also searched for **Pediatric Obesity** and **Childhood Obesity**. [See Search Details](#)

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Showing: 1-10 of **25** studies  studies per page [Show/Hide Columns](#)

Row	Saved	Status	Study Title	Conditions	Interventions	Locations
1	<input type="checkbox"/>	Recruiting	<a href="#">Microbiome, Antibiotics, and Growth Infant Cohort</a>	<ul style="list-style-type: none"><li>Obesity, Childhood</li><li>Antibiotic Side Effect</li></ul>		<ul style="list-style-type: none"><li>The Children's Hospital of Philadelphia Philadelphia, <b>Pennsylvania</b> <b>United States</b></li></ul>
2	<input type="checkbox"/>	Completed	<a href="#">School Breakfast Policy Initiative Study</a>	<ul style="list-style-type: none"><li>Childhood Obesity</li><li>Hunger</li></ul>	<ul style="list-style-type: none"><li>Other: Classroom feeding</li><li>Behavioral: Nutrition education lessons</li><li>Behavioral: Social Marketing</li><li>Behavioral: Parent outreach</li></ul>	<ul style="list-style-type: none"><li>Temple University - Center for Obesity Research and Education Philadelphia, <b>Pennsylvania</b> <b>United States</b></li></ul>
3	<input type="checkbox"/>	Completed	<a href="#">Healthy Growth Abbreviated Pilot Study</a>	<ul style="list-style-type: none"><li>Childhood Obesity</li></ul>	<ul style="list-style-type: none"><li>Behavioral: Grow Together peer group</li></ul>	<ul style="list-style-type: none"><li>The Children's Hospital of Philadelphia Philadelphia, <b>Pennsylvania</b> <b>United States</b></li></ul>
4	<input type="checkbox"/>	Active, not recruiting	<a href="#">BMI Study for Children Ages 6-9 Years and Parents</a>	<ul style="list-style-type: none"><li>Childhood Obesity</li></ul>	<ul style="list-style-type: none"><li>Other: Fitwits office tool and games</li></ul>	<ul style="list-style-type: none"><li>UPMC St.Margaret Bloomfield/Garfield Family Health Center Pittsburgh, <b>Pennsylvania</b> <b>United States</b></li></ul>
5	<input type="checkbox"/>	Terminated	<a href="#">Resistance and Cardiorespiratory Time-matched Exercise in Youth: A Randomized Clinical Trial (RCT:RCT)</a>	<ul style="list-style-type: none"><li>Childhood Obesity</li></ul>	<ul style="list-style-type: none"><li>Other: Aerobic Exercise</li><li>Other: Resistance Exercise</li></ul>	<ul style="list-style-type: none"><li>Children's Hospital of Pittsburgh of UPMC Pittsburgh, <b>Pennsylvania</b></li></ul>

**Filters**

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**Status**

**Studies:**

- ☐ Not yet recruiting
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- ☐ Enrolling by invitation
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- ☐ Completed
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**Expanded Access:**

**Eligibility Criteria**

**Age:**

years OR

# PEDIATRIC OBESITY: CLINICALTRIALS.GOV

- Purpose
- Study type
- Study design
- Primary and secondary outcome measures
- Start and end date
- Eligibility
- Contact person

Descriptive Information	
Brief Title <small>ICMJE</small>	School Breakfast Policy Initiative Study
Official Title <small>ICMJE</small>	Increasing Breakfast Consumption and Decreasing <b>Childhood Obesity</b> Among Low-income, Ethnically Diverse Youth.
Brief Summary	The purpose of this study is to develop and evaluate the effects of a school breakfast policy initiative (SBPI) on the incidence of childhood obesity. The study will include research, education and extension to promote healthy breakfast consumption among low-income children in urban schools.
Detailed Description	<p>Policy makers have promoted school breakfast participation as a tool to help prevent childhood obesity. No one has ever evaluated a School Breakfast Policy Initiative (SBPI) that combines classroom feeding, in-school nutrition education, and a policy to deter buying "breakfast" at corner stores where purchases are high in energy, solid fats and added sugars. The purpose of this study is to develop and evaluate the effects of a school breakfast policy initiative (SBPI) on the incidence of childhood obesity. The specific aims are:</p> <ol style="list-style-type: none"><li>1. To develop the SBPI intervention within the context of SNAP Ed and the National School Breakfast Program.</li><li>2. To conduct a pilot feasibility study among 4 schools (2 intervention and 2 control) to assess feasibility.</li><li>3. To compare participants in the intervention (n=8) and comparison schools (n=8) on the incidence of overweight and obesity over a 2 y period.</li><li>4. To compare participants in the intervention (n=8) and comparison schools (n=8) on eating one breakfast per day over a 2 y period.</li></ol>
Study Type <small>ICMJE</small>	Interventional
Study Phase	<i>Not Provided</i>
Study Design <small>ICMJE</small>	Allocation: Randomized Intervention Model: Parallel Assignment Masking: None (Open Label) Primary Purpose: Prevention



# PEDIATRIC OBESITY: CLINICALTRIALS.GOV

## More Information

Publications automatically indexed to this study by ClinicalTrials.gov Identifier (NCT Number):

[Dykstra H, Davey A, Fisher JO, Polonsky H, Sherman S, Abel ML, Dale LC, Foster GD, Bauer KW. Breakfast-Skipping and Selecting Low-Nutritional-Quality Foods for Breakfast Are Common among Low-Income Urban Children, Regardless of Food Security Status. J Nutr. 2016 Mar;146\(3\):630-6. doi: 10.3945/jn.115.225516. Epub 2016 Feb 10.](#)

[Lawman HG, Polonsky HM, Vander Veur SS, Abel ML, Sherman S, Bauer KW, Sanders T, Fisher JO, Bailey-Davis L, Ng J, Van Wye G, Foster GD. Breakfast patterns among low-income, ethnically-diverse 4th-6th grade children in an urban area. BMC Public Health. 2014 Jun 14;14:604. doi: 10.1186/1471-2458-14-604.](#)

Format: Abstract ▾

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[J Nutr. 2016 Mar;146\(3\):630-6. doi: 10.3945/jn.115.225516. Epub 2016 Feb 10.](#)

## **Breakfast-Skipping and Selecting Low-Nutritional-Quality Foods for Breakfast Are Common among Low-Income Urban Children, Regardless of Food Security Status.**

[Dykstra H<sup>1</sup>](#), [Davey A<sup>1</sup>](#), [Fisher JO<sup>2</sup>](#), [Polonsky H<sup>3</sup>](#), [Sherman S<sup>4</sup>](#), [Abel ML<sup>4</sup>](#), [Dale LC<sup>4</sup>](#), [Foster GD<sup>5</sup>](#), [Bauer KW<sup>6</sup>](#).

### ⊕ Author information

#### **Abstract**

**BACKGROUND:** Universal access to the School Breakfast Program (SBP) is intended to help low-income and food-insecure students overcome barriers to eating breakfast. However, SBP participation is often still low despite universal access. Further information is needed with regard to these children's breakfast behaviors, and in particular breakfast behaviors among youth from food-insecure families, to inform effective breakfast interventions.

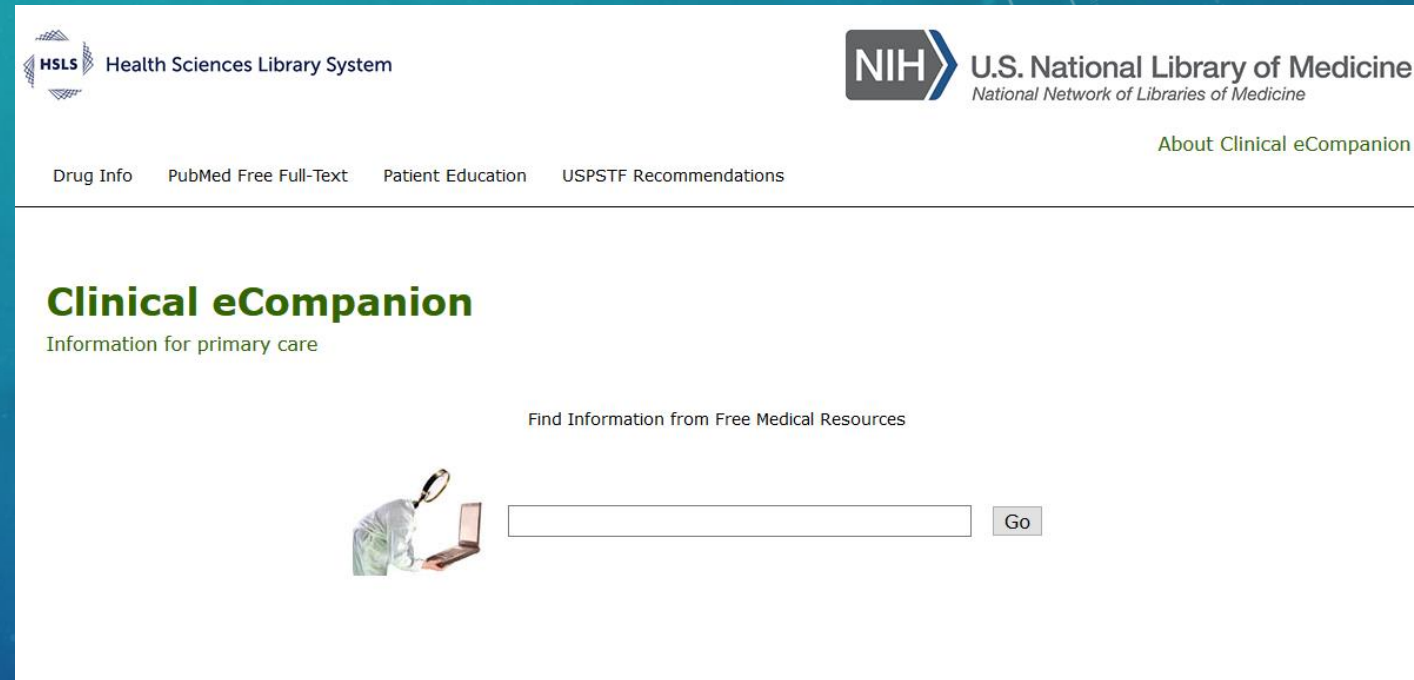
**OBJECTIVES:** The objective of this study was to examine breakfast behaviors among a large sample of urban students with universal access to the SBP and to identify differences in breakfast behaviors among children from food-secure compared with food-insecure households.

**METHODS:** A cross-sectional study of 821 fourth- through sixth-grade students and their parents from 16 schools was conducted. Students reported the foods/drinks selected and location of obtaining food/drink on the morning of data collection, parents reported household food security status using the 6-item Food Security Survey Module, and the school district provided SBP participation data during the fall semester of 2013. Multivariable linear regression models accounting for school-level clustering were used to examine differences in breakfast behaviors across 3 levels of household food security: food secure, low food secure, and very low food secure.

**RESULTS:** Students participated in the SBP 31.2% of possible days, with 13% never participating in the SBP. One-fifth (19.4%) of students purchased something from a corner store for breakfast, and 16.9% skipped breakfast. Forty-six percent of students were

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# PEDIATRIC OBESITY: CLINICAL ECOMPANION

GUIDELINE SUMMARY NGC:010019 2013 JUL

## Prevention and management of obesity for children and adolescents.

Developer Source Status Classification

Institute for Clinical Systems Improvement

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### Recommendations

#### Major Recommendations

**Note from the National Guideline Clearinghouse (NGC) and the Institute for Clinical Systems Improvement (ICSI):** The recommendations for prevention and management of **obesity** for children and adolescents are presented in the form of a table with a list of evidence-based recommendations and an algorithm with 12 components, accompanied by detailed annotations. An algorithm is provided in the original guideline document for Prevention and Management of **Obesity** for Children and Adolescents (see the "Guideline Availability" field); clinical highlights and selected annotations (numbered to correspond with the algorithms) follow.

Quality of evidence (Low Quality, Moderate Quality, and High Quality) and strength of recommendation (Weak or Strong) definitions are repeated at the end of the "Major Recommendations" field.

#### Clinical Highlights

- Childhood **obesity** has risen at an alarming pace over the past decade, making **obesity** the most prevalent health problem in the majority of the developed countries. (*Introduction*)
- Obesity** prevention messages should be targeted at all families, starting at the time of the child's birth. (*Annotation #1; Aim #2*)
- Body mass index (BMI) should be calculated and documented in the medical record on all children ages 2 to 18 at least annually, ideally at a well child visit. (*Annotation #2; Aim #1*)

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☐ [A systematic review of satisfaction and pediatric obesity treatment: new avenues for addressing attrition](#)  
**Pediatric obesity** treatment programs report high attrition rates, but it is unknown if family experience and satisfaction contributes. This review surveys the literature Database of Abstracts of Reviews of Effects (DARE): Quality-assessed Reviews [Internet] - Centre for Reviews and Dissemination (UK).  
Version: 2014

☐ [Attrition and the management of pediatric obesity: an integrative review](#)  
BACKGROUND: A key challenge in managing **pediatric obesity** is the high degree of program attrition, which can reduce therapeutic benefits and contribute to Database of Abstracts of Reviews of Effects (DARE): Quality-assessed Reviews [Internet] - Centre for Reviews and Dissemination (UK).  
Version: 2014

☐ [Systematic review and meta-analysis of comprehensive behavioral family lifestyle interventions addressing pediatric obesity](#)  
PURPOSE: To conduct a meta-analysis of randomized controlled trials examining the efficacy of comprehensive behavioral family lifestyle interventions (CBFLI) for Database of Abstracts of Reviews of Effects (DARE): Quality-assessed Reviews [Internet] - Centre for Reviews and Dissemination (UK).  
Version: 2014

☐ [Surgery for the treatment of obesity in children and adolescents](#)  
Across the world more children and adolescents are becoming overweight and obese. As overweight and obese children are more likely to suffer from health problems, Cochrane Database of Systematic Reviews: Plain Language Summaries [Internet] - John Wiley & Sons, Ltd.  
Version: 2015

☐ [Parent-only interventions for childhood overweight or obesity in children aged 5 to 11](#)

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CDC Morbidity and Mortality Weekly Report
- [First- and Second-Generation Antipsychotics in Children and Young Adults: Systematic Review Update](#)  
AHRQ Effective Health
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measurement. A systematic review of the literature was conducted using Medline, PsychINFO, and CINAHL. Studies of  
survey questions were obtained from the articles or from the authors. Eighteen studies were included; 14 quantitative a  
weight outcomes. Most investigations included satisfaction as a secondary aim or used single-item questions of overa  
satisfaction with **obesity** treatment or prevention programs. Surveys focused predominantly on overall satisfaction or sp  
conducted. Increased focus on family satisfaction with **obesity** treatment may provide an avenue to lower attrition rates  
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# FOR MORE INFORMATION

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# QUESTIONS?

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